

picture back to Mr. and Mrs. Luker and say: We did it.

Today we can begin that process. Let's not fight about all the various wranglings of the internal politics of this body. Let's keep our focus on the Jessicas and on the families of this country. If we do the right thing, everybody will be able to celebrate that we have created the important patient protections that our families in this country need.

I yield back, Mr. President.

The PRESIDING OFFICER (Mr. NELSON of Florida). The Senator from Nevada.

#### CONCLUSION OF MORNING BUSINESS

Mr. REID. My understanding is that the hour of morning business is now terminated; is that right?

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DASCHLE. Mr. President, this is an important day—and one that has been a long, long time coming.

It has been nearly 5 years since President Clinton, at the time, appointed an independent panel of health care experts and asked them to come up with a Patients' Bill of Rights.

It has been more than 4 years since President Clinton urged Congress to pass a Patients' Bill of Rights reflecting the panel's recommendations.

It has been more than 3 years since the first bipartisan Patients' Bill of Rights was introduced in the House.

And, it has been nearly 2 years since the last time we debated a real Patients' Bill of Rights here in the Senate.

We have talked long enough. There is only one thing left to do. We need to pass a real, enforceable Patients' Bill of Rights now.

The reason we are debating this bill is because so many people—inside and outside of Congress—refused to give up. I especially want to thank the Senate sponsors: my colleague, Senator KENNEDY, who has spent his entire adult life—nearly 40 years—working to improve health care for all Americans; my colleague, Senator JOHN EDWARDS, who has played an indispensable role in finding an honest, honorable middle ground on the difficult question of liability; and my colleague, Senator JOHN MCCAIN, for having the courage—once again—to disregard party labels and challenge the special interests in

order to change what needs to be changed.

This bill matters—deeply matters—to America's families. More than 70 percent of all Americans with insurance and 80 percent of all Americans who get their insurance on the job—are now in some kind of managed care program. To them, this isn't a political issue; it can be a life-or-death issue.

This bill ensures that doctors, not insurance companies, make medical decisions. It guarantees patients the right to hear all of their treatment options—not just the cheapest ones. It says you have the right to go to the nearest emergency room when you need emergency care. It guarantees you the right to see a specialist if you need one. It gives women the right to see an OB-GYN without having to see another doctor first to get permission. And it guarantees that parents can choose a pediatrician as their child's primary care provider, if they need one.

But rights without remedies are no rights at all. That is why our bill guarantees people the right to appeal decisions by their HMO to an independent review board, and to get a timely response. Finally, if the HMO ignores the review board, our bill allows people to hold HMOs accountable—the same way doctors and employers, and everyone else in America is held accountable for their actions. The 85 million Americans enrolled in Medicare, Medicaid and other Federal health programs already have each of the protections in our bill. So does every Member of this Senate.

Our bill extends them to all privately insured Americans—no matter what State they live in, or what insurance plan their employers choose.

Opponents claim that guaranteeing these rights will cost too much. They say people will lose their insurance because insurance premiums will go through the roof. But the facts show otherwise. According to the non-partisan Congressional Budget Office, our bill would increase employee premiums an average of about \$1.20 a month for real rights that can be enforced—\$1.20 a month.

Many things have changed since the first time this Senate passed a Patients' Bill of Rights. The bill itself has changed. We started with a bipartisan compromise: the Norwood-Dingell Patients' Bill of Rights. This bill is a bipartisan compromise on a bipartisan compromise.

One of the most important compromises concerns liability. This bill says very clearly that employers cannot be held liable unless they participate directly in a decision to deny health care. The only employers who can be held liable are the small fraction of companies that are large enough to run their own health care plans—less than 5 percent of all American businesses. Small businesses never make treatment decisions, so they would never be sued.

We have also compromised on where people can seek justice. Instead of allowing all disputes to be heard in State courts, this bill says disputes about administrative questions should be heard in Federal courts. Only cases involving medical decisions should go to State courts—just like doctors who make medical decisions.

Support for a Patients' Bill of Rights has grown—inside and outside of Congress. In the Senate, we have Senators MCCAIN, EDWARDS, and KENNEDY. In the House, we have Congressman JOHN DINGELL and two conservative Republicans, CHARLIE NORWOOD and GREG GANSKE. Outside of Congress, 85 percent of all people surveyed—and 79 percent of Republicans—support the protections in this plan, and so do more than 500 major health care, consumer and patient-advocate groups all across the country.

There has been one other significant change since the first time we debated a Patients' Bill of Rights. Before, we could only guess what would happen if people were able to hold HMOs accountable. Now we know. Texas and California have both passed Patients' Bills of Rights.

Texas passed its law in 1997. In nearly 4 years, 17 lawsuits have been filed—about five a year. In the last 6 months since California passed its law, 200 disputes have gone through the independent appeals process. None—not one—has gone to court. And two-thirds of the disputes were resolved in favor of the HMO. Experience from the two largest States—the two best laboratories—show that the scare tactics used by opponents of this bill are simply that: scare tactics.

There are some important things that have not changed in the years since we started this debate. Americans are still being hurt by our inaction. Every day that we delay passing a real Patients' Bill of Rights, 35,000 Americans are denied access to specialty care—and 10,000 doctors; see patients who have been harmed because an insurer refused to pay for a diagnostic test.

Despite the growing support inside and outside of Congress, we still face formidable opposition from the special interests.

HMOs and their allies reportedly are spending \$15 million on ads to try to kill this bill this week. We welcome an honest and open debate on the issues. We hope opponents will resist the temptation to kill this bill by loading it up with amendments that make passage difficult.

Our hope is that this debate will be like the one we had not long ago on another important reform—campaign finance reform. In fact, I have personally suggested to Senator LOTT that we take up this bill under the exact same understanding that we took up campaign finance reform; that we have a

good debate on amendments; that we offer the motion to table, if that would be offered; if it is not tabled, that it be subject to second degrees. I think it worked as well on the campaign finance reform as any bill I have recently had the opportunity to consider, and I hope we can do the same thing for the Patients' Bill of Rights. I am hopeful our Republican colleagues will agree to that this afternoon.

There is one more important change that has occurred since the first time we debated a Patients' Bill of Rights. We now have a new President. Members of his staff have said President Bush will veto our bill if this bill makes it to his desk. We remain hopeful that the President will decide to join us once he hears the debate and sees what our bill actually does.

In the second Presidential debate, then-Governor Bush said:

It's time for our nation to come together and do what's right for people. . . . It's time to pass a national Patients' Bill of Rights.

We agree. The American people have been waiting too long. Working together in good faith we can end this wait and pass a real Patients' Bill of Rights.

I announce to all of my colleagues that it is my intention to stay on this bill for whatever length of time it takes. Obviously, we have this week and next week that are full weeks for consideration of the bill. My expectation is that if we finish the bill a week from this Thursday night, there would not be a session on Friday preceding the recess.

If we are not finished Thursday night, we will then debate the bill and continue to work on it Friday, Saturday, Sunday. We will not have a session on the Fourth of July, but we will pick up again on July 5 and go on as long as it takes. We will finish this bill. It is also my expectation that if we finish this bill in time, I would be inclined to bring up the supplemental appropriations bill following the completion of the Patients' Bill of Rights.

Those two pieces of legislation are bills I have already indicated to the Republican leader would be my hope that we could complete before the July 4th recess. In fact, it is my expectation and absolute determination to finish at least in regard to the Patients' Bill of Rights. We will see what happens with regard to the supplemental in the House and here in the committee.

#### BIPARTISAN PATIENT PROTECTION ACT—MOTION TO PROCEED

Mr. DASCHLE. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 75, S. 1052, the Patients' Bill of Rights.

The PRESIDING OFFICER. Is there objection?

Mr. THOMAS. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. DASCHLE. Mr. President, I now move to proceed to S. 1052.

The PRESIDING OFFICER. The motion is debatable.

The Majority Leader.

Mr. DASCHLE. Mr. President, I regret we are not in a position to begin consideration of this important legislation at this time. I remain hopeful that by the end of the day we will be able to do so. In the event that the Senate cannot proceed to the bill today, it is my intention to file cloture on the motion. Under the rules, this cloture vote would occur on Thursday morning 1 hour after the Senate convenes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I reiterate my support for the majority leader's unanimous-consent request. I believe it is fair and also crucial for allowing us to finally engage in a real and meaningful debate that will get Americans the protections they need and want.

This unanimous-consent request is exactly along the lines of that which governed the campaign finance reform debate. Most Americans, no matter how they felt on that issue, believed that it was a fair, open, and honest debate in which the issues were ventilated and the majority of the Senate worked its will. That is how most Americans think we should function and, unfortunately, all too often we do not.

Under this unanimous-consent agreement, unlimited amendments can be offered, and each one will be provided a significant period of time, 2 hours, and after debate the amendment would be voted on by the full Senate.

I am struggling to understand why we can't agree that this is not only a fair proposal but truly it affords each and every one of us with an opportunity for engaging in a free and spirited debate. This format embodies the full spirit of the traditional Senate and should not be ignored or misconstrued as anything but a reasonable and honest proposal.

I think Americans are watching us to see if we can come together on an issue of great importance to everyone across our Nation. I don't think delay is warranted. We should not obstruct.

I am confident that engaging in a truly open debate on this issue, without stringent time restraints or limits on amendments, will result in the passage of a strong bipartisan patients' protection bill that can be signed into law by President Bush.

I want to reiterate, it is my sincere and profound commitment to see that we enact a bill that the President of the United States can sign. It would serve no one's purpose to go through the debate and amending process in the

Senate and in the other body and conference and then have a bill the President will not sign.

I will make a couple of additional comments. There has been some debate as to who supports and who does not support this legislation. I have a list of over 300 organizations that are in support of this legislation—not only the nurses and doctors of America but traditional consumer advocacy groups, including health groups such as the American Cancer Society, the American Dental Association, the American Nurses Association, a long list of organizations that have traditionally advocated for the health of Americans either in a specialized or general way.

We have a clear division here between the health maintenance organizations, which according to a CNN USA Today poll enjoy the approval of some 15 percent of the American people, and the nurses and doctors and those who are required to and do commit their lives to taking care of the health of our citizens.

I have been asked many times why is it that I am involved in this issue, why is it that I have worked very hard to try to fashion a bipartisan agreement that we could use as a base for amending and perfecting a bill that we can have signed by the President. In my Presidential campaign, in hundreds of town hall meetings attended by thousands and thousands of Americans, time after time after time after time, average citizens stood up and talked about the fact that they have been denied reasonable and fair health care and attention they believe they deserve and need.

This is an issue of importance to some 170 million Americans who would be covered by this legislation. This is an issue to average Americans who are members of health maintenance organizations. This is a challenge and a problem.

These Americans want the decisions made by a doctor and not an accountant. These Americans want and need and deserve a review process that is fair. These Americans are not receiving the fundamental health care they deserve as members of health maintenance organizations and, frankly, that is available to other Americans who have larger incomes.

Mr. President, this is not something we should delay any longer. This is an issue we should take up and address, amend, debate, and then come to a reasonable conclusion. I want to repeat my commitment to working with the White House, to working with all opponents of the legislation in its present form. For us to do nothing, as has been the case over the last several years, as time after time this issue has been brought up and blocked through parliamentary procedures, is not fair. It is not fair and honest to the American people to refuse to address the issue.